

**MAIL THIS APPLICATION AND FEE TO:**

**Department of Food and Agriculture**

**PESTICIDE BUREAU, Suite 500**

**251 Causeway Street, Boston, MA 02114-2151**

SCANNABLE FORM: IN ORDER TO AVOID RETURN OF FORM PLEASE PRINT NEATLY IN BLACK PEN ONLY

1. License or Certification Number

[illegible]

(only if you are currently certified or licensed)

Government  
Employee

☐ No

☐ Yes

○ State

☐ Federal

○ Municipal

**2. EXAM CANDIDATE INFORMATION (PLEASE INCLUDE SPACE IN BETWEEN WORDS)**

Last Name														M.I.		First Name													
Residential Address (Street or P. O. Box)																								APT #					
City														State				Zip Code											
Social Security Number (optional)														Residence State				Telephone Number											

### 3. EMPLOYER INFORMATION

Company Name or Employer (if none write "not applicable" or "na" and skip to Section 4)																													
Company Address (Street or P. O. Box No.)																													
City															State					Zip Code									
Telephone																													

#### 4. EXAM AND LOCATION INFORMATION

**A. Choose ONE location only**

☐ Cape Cod    ☐ Springfield    ☐ Waltham    ☐ Other

**B. Choose ONE exam: CATEGORY and CODES for exams on other side**

☐ Applicator License Exam

☐ Dealer License Exam

☐ Commercial Certification Exam (Print CATEGORY below)

☐ Private Certification Exam (Print CATEGORY below)

**C. Exam Date**

